

Lyon & Lyon LLP
Docket Information
258/292

**UTILITY DECLARATION
AND POWER OF ATTORNEY**
Utility Application

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **ACTIVATION OF COUPONS BASED ON QUIZ OR QUESTIONNAIRE** the specification of which

(Check One)



is attached hereto OR



was filed on _____ as United States Application Serial No. Serial Number or PCT International Application No. _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date
60/172,688	December 20, 1999

POWER OF ATTORNEY: As a named inventor, I hereby appoint as my attorneys and/or agents, with full power of substitution and revocation, to prosecute this application and transact all business in the United States Patent and Trademark Office, and in countries other than the United States, and to do all things necessary or appropriate therefor before any competent International Authorities in connection with any international patent application(s) corresponding to the above-identified invention application, all of the registered practitioners identified by Customer Number 22249:



22249

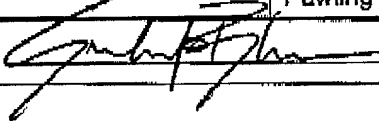
PATENT TRADEMARK OFFICE

LYON & LYON LLP
Suite 4700
633 W. Fifth Street
Los Angeles, CA 90071
(213) 489-1600

Please send all correspondence to the attention of Robert S. Mayer, Esq., and direct all telephone calls to 914-421-4609.

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Lyon & Lyon LLP
Docket Information
258/282

201	FULL NAME OF INVENTOR	FIRST Name Sundeep	MIDDLE Initial	LAST Name Bhan	
	RESIDENCE & CITIZENSHIP	City Pawling	State or Foreign Country New York	Country of Citizenship India	
	POST OFFICE ADDRESS	44 David Lane	City Pawling	State or Country New York	Zip Code 12564
INVENTOR'S SIGNATURE				DATE _____	

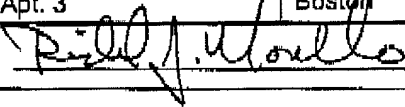
005727-019460

Lyon & Lyon LLP
Docket Information
258/282

202	FULL NAME OF INVENTOR	FIRST Name Sameer	MIDDLE Initial M.	LAST Name Shariff	
	RESIDENCE & CITIZENSHIP	City New York	State or Foreign Country New York		Country of Citizenship India
	POST OFFICE ADDRESS	155 East 31 st St., Apt 9S	City New York	State or Country New York	Zip Code 10016
INVENTOR'S SIGNATURE			DATE 11/28/00		

Parameter	Unit	Value	Standard Error	t-Statistic	p-Value
Intercept		1.0000	0.0000	1.0000	0.0000
Age	Years	0.0000	0.0000	0.0000	0.0000
Gender		0.0000	0.0000	0.0000	0.0000
Marital Status		0.0000	0.0000	0.0000	0.0000
Education	Years	0.0000	0.0000	0.0000	0.0000
Income	\$/Year	0.0000	0.0000	0.0000	0.0000
Health		0.0000	0.0000	0.0000	0.0000
Smoking		0.0000	0.0000	0.0000	0.0000
Alcohol		0.0000	0.0000	0.0000	0.0000
Exercise		0.0000	0.0000	0.0000	0.0000
Stress		0.0000	0.0000	0.0000	0.0000
Family Size		0.0000	0.0000	0.0000	0.0000
Work Hours	Hours/Week	0.0000	0.0000	0.0000	0.0000
Job Satisfaction		0.0000	0.0000	0.0000	0.0000
Life Satisfaction		0.0000	0.0000	0.0000	0.0000
Overall Health		0.0000	0.0000	0.0000	0.0000
Depression		0.0000	0.0000	0.0000	0.0000
Loneliness		0.0000	0.0000	0.0000	0.0000
Quality of Life		0.0000	0.0000	0.0000	0.0000
Life Expectancy	Years	0.0000	0.0000	0.0000	0.0000
Healthcare Costs	\$/Year	0.0000	0.0000	0.0000	0.0000
Life Satisfaction		0.0000	0.0000	0.0000	0.0000
Life Expectancy	Years	0.0000	0.0000	0.0000	0.0000
Healthcare Costs	\$/Year	0.0000	0.0000	0.0000	0.0000
Life Satisfaction		0.0000	0.0000	0.0000	0.0000
Life Expectancy	Years	0.0000	0.0000	0.0000	0.0000
Healthcare Costs	\$/Year	0.0000	0.0000	0.0000	0.0000
Life Satisfaction		0.0000	0.0000	0.0000	0.0000
Life Expectancy	Years	0.0000	0.0000	0.0000	0.0000
Healthcare Costs	\$/Year	0.0000	0.0000	0.0000	0.0000
Life Satisfaction		0.0000	0.0000	0.0000	0.0000
Life Expectancy	Years	0.0000	0.0000	0.0000	0.0000
Healthcare Costs	\$/Year	0.0000	0.0000	0.0000	0.0000
Life Satisfaction		0.0000	0.0000	0.0000	0.0000
Life Expectancy	Years	0.0000	0.0000	0.0000	0.0000
Healthcare Costs	\$/Year	0.0000	0.0000	0.0000	0.0000
Life Satisfaction		0.0000	0.0000	0.0000	0.0000
Life Expectancy	Years	0.0000	0.0000	0.0000	0.0000
Healthcare Costs	\$/Year	0.0000	0.0000	0.0000	0.0000
Life Satisfaction		0.0000	0.0000	0.0000	0.0000
Life Expectancy	Years	0.0000	0.0000	0.0000	0.0000
Healthcare Costs	\$/Year	0.0000	0.0000	0.0000	0.0000
Life Satisfaction		0.0000	0.0000	0.0000	0.0000
Life Expectancy	Years	0.0000	0.0000	0.0000	0.0000
Healthcare Costs	\$/Year	0.0000	0.0000	0.0000	0.0000
Life Satisfaction		0.0000	0.0000	0.0000	0.0000
Life Expectancy	Years	0.0000	0.0000	0.0000	0.0000
Healthcare Costs	\$/Year	0.0000	0.0000	0.0000	0.0000
Life Satisfaction		0.0000	0.0000	0.0000	0.0000
Life Expectancy	Years	0.0000	0.0000	0.0000	0.0000
Healthcare Costs	\$/Year	0.0000	0.0000	0.0000	0.0000
Life Satisfaction		0.0000	0.0000	0.0000	0.0000
Life Expectancy	Years	0.0000	0.0000	0.0000	0.0000
Healthcare Costs	\$/Year	0.0000	0.0000	0.0000	0.0000
Life Satisfaction		0.0000	0.0000	0.0000	0.0000
Life Expectancy	Years	0.0000	0.0000	0.0000	0.0000
Healthcare Costs	\$/Year	0.0000	0.0000	0.0000	0.0000
Life Satisfaction		0.0000	0.0000	0.0000	

Lyon & Lyon LLP
Docket Information
258/282

203	FULL NAME OF INVENTOR	FIRST Name Richard	MIDDLE Initial J.	LAST Name Morello	
	RESIDENCE & CITIZENSHIP	City Boston	State or Foreign Country Massachusetts		Country of Citizenship United States
	POST OFFICE ADDRESS	206 Beacon Street Apt. 3	City Boston	State or Country Massachusetts	Zip Code 02116
INVENTOR'S SIGNATURE					DATE <u>12/8/00</u>

005722 97925260